

**Appropriations Committee**  
**Appropriations Hearing**  
*February 23, 2017*

**Testimony of Dr. James Gill, Chief Medical Examiner, OCME**

Good morning Senator Formica, Representative Walker, Senator Osten, and distinguished members of the appropriations committee. I am James Gill, Chief Medical Examiner. Thank you for giving me the opportunity to describe our current and future agency status.

The Office of the Chief Medical Examiner (OCME) is the only agency in the State that performs medicolegal death investigation. We provide an essential core service and are bound by statute to investigate all deaths that are unexpected, suspicious, or unnatural. We take pride in doing a thorough and timely investigation and for the past 10 years our office had been nationally recognized by the National Association of Medical Examiners (NAME) with full accreditation status for upholding the standards of medicolegal death investigation. This meant that we were conducting appropriate investigations with high accuracy, thorough documentation, and timely outcomes.

Over the past 4 years, I have been witness to an office that maintains pride in the death investigations that we perform, but now struggles to keep up. We have been faced with record high numbers of deaths requiring full autopsies, coupled with record low staffing within the agency. The result has been delayed final death certificates and autopsy reports (now with a backlog) and overworked and injured staff. We have not been able to meet our own personal standards, and struggled to meet those of the NAME.

We have been notified by NAME that the OCME has lost full accreditation. The OCME has been downgraded to provisional status and has until September 2017 to show sufficient progress in correcting the deficiencies to be eligible for full accreditation. If these deficiencies are not corrected by that time, the OCME will completely lose NAME Accreditation.

Why should NAME accreditation matter to Connecticut? NAME accreditation instills confidence in the people we serve – the families, police departments, attorneys and insurance companies. It signifies to those parties that our office meets or exceeds the minimal standards of practice for death investigation. Massachusetts, Vermont, New Hampshire, and Rhode Island are either fully or provisionally accredited by NAME as is Maryland, Chicago, Washington DC, Los Angeles, etc. I should note that there are quality medical examiner offices that have decided not to pursue accreditation and are still high quality offices. There also are many offices that do not try to get accredited because they would not meet the required standards. Loss of accreditation, however, is a red flag to you, the government, that an office is having a problem. The NAME report tells you what the problems are and also what needs to be done to fix them. I need your help to fix them.

What does loss of accreditation mean to Connecticut residents? Probably not a whole lot unless they have to interact with our office. To those that have to interact with our office, it means waiting additional days before the remains of their loved one can be released to the funeral home which also delays funeral arrangements. It means having to wait three or more months to get the final death certificate and many more months to get the final autopsy report. Many life insurance companies will not release benefits until they get a copy of the death certificate. Families (and funeral homes) will have to wait months for these financial benefits. Loss of accreditation also affects the criminal justice system. It means that our opinions on causes of death are more likely to be challenged or doubted in court. On average, one of our medical examiners will testify one or two times a week on a homicide case.

Why did the OCME lose full accreditation? The OCME has four (4) major deficiencies (any of which by itself results in loss of full accreditation). Three of these deficiencies relate to inadequate staffing (medical examiners, investigators, and medical record staff) and one is due to inadequate refrigerated body storage space.

What are we doing to fix the deficiencies? We have been working with OPM and DAS to correct these staffing and facility deficiencies. The technical and non-technical staff vacancies have largely been refilled and work on a new refrigerated storage space is being put out to bid in March. This progress should satisfy three (3) of the four (4) major deficiencies. The only remaining deficiency that will prevent the OCME from regaining full accreditation is the medical examiner staffing shortage. Our current medical examiner (ME) staff is of insufficient size for the number of deaths that we investigate. This results in MEs performing more than 325 autopsies/year.

Since our autopsy numbers have increased over 60% (approximately 900 hundred additional autopsies) over the past 3 years, we either need more medical examiners or need to do fewer autopsies. Fewer autopsies is not a valid option; to do fewer would compromise our death investigations and worsen this public health problem. Even if drug deaths start to decrease, our autopsy numbers are unlikely to fall dramatically. For the size of our population, 2,500 autopsies per year is considered in the typical range to ensure that medicolegal autopsies are performed in numbers that meet public health, public safety, justice system, and medical quality assurance needs.

NAME has recommended the addition of three new medical examiner positions (ME) to correct the autopsy/ME deficiencies. In order to correct only the major deficiency and regain full accreditation, the OCME would need two (2) additional MEs. Therefore, we are asking for our budget to include two additional medical examiners in the FY 18 and 19 budget. The anticipated salary for each position is \$190,000. There currently is a national shortage of forensic pathologists and it may take months to hire one. Our request for two instead of three, is a cost savings and helps prevent us from being “overstaffed” if, hopefully, the drug intoxications deaths start to decrease.

Other minor deficiencies noted by the inspection would be solved by adding a second Information Technology Analyst position and continuing educational funding for the technical staff. Some of this educational funding may be available through national grants. The anticipated salary for the IT Analyst position is \$59,000.

Overall, given our current 2017 Personal Services (PS) and Other Expenses (OE) deficiencies of approximately \$300,000, we estimate a need for an additional \$634,397 above the current \$4,736,809 Governor’s Recommended PS budget for FY 2018 and 2019 and \$100,000 above the current \$1,435,536 Governor’s Recommended OE budget. This will be sufficient to allow us to conduct appropriate investigations with high accuracy, thorough documentation, and timely outcomes in order to regain full NAME accreditation.

Thank you for the opportunity to address the Committee on our agency. I am happy to answer any questions.